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A NATIONAL CEREBRAL-PALSY PROGRAM

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WHAT are we doing about the combined health and education problem of children with cerebral palsy? How well have we developed in our country the basic services that are concerned with the health and education of all children and that must be called upon if the special needs of the 150,000 cerebral-palsied children under 17 years of age can be adequately met?

Of the nearly 3,200 counties in the United States, one-third do not have an organized full-time local health department, and many of the remainder have inadequate public-health programs. One-half the counties do not have a single school physician and one-third do not have either a physician or a nurse doing health work in the public schools. At the last compilation, the average expenditure by our States for school health was 79 cents per child per year. One State spent as little as 2 cents per child per year.

We must consider what figures like these mean for cerebral palsy. The services needed by cerebral-palsied children have been recounted many times. The list of specialties involved is long—pediatrics, orthopedics, neurology, psychiatry, psychology, social work, nursing, occupational therapy, physical therapy, speech instruction, and others. The list of necessary resources likewise runs the gamut—clinics, diagnostic services, hospitals, convalescent homes, residential schools, day schools, institutional care, and others. In response to such a description a legislator or tax-

payer might well ask: How can we afford that much money? And how can we spare the personnel?

To answer the question on money—in terms of cold dollars and cents we cannot afford to go on as we are, with children unnecessarily institutionalized; adults without remunerative employment, dependent on the community for support; tens of thousands of cerebral-palsied citizens, a tremendous potential reservoir of mental and physical resources, not contributing their capacities to society.

The wealth of a nation rests in its people rather than in its land, its forests, its minerals, or its rivers. Man-built Boulder and Grand Coulee Dams and TVA are converting waste areas into productive land. The Palestinian desert will some day turn into fruit orchards.

Our wealth is the net result of the accumulation of individual contributions—physical, mental, inventive, constructive, social, and other contributions minus the accumulation of drains made on society by some unfortunate individuals through illness, unemployment, or maladjustment, and by destruction, whether the method of destruction be individual or international. Our cerebral-palsied must be taken out of the debit column and placed on the credit side where they belong. They are a sound investment.

There is a way now whereby every taxpayer feels the pinch and realizes very clearly that he pays in the end

for not paying in the beginning. Although we, unlike some primitive societies, do not kill off our members at 40 years of age, until recent years the care of old people was anybody's business. We did not think of making systematic allowance for security in old age. With our increasing acceptance of government responsibility for old-age security, we can now measure in dollars how expensive it is to have so many of our total adult population unemployed because of physical handicap, not contributing even payroll deductions toward the care that society will have to give them in their later years. The rest of us pay for this care.

Aside from the cost, the question is often asked: How can society be expected to take vast numbers of especially trained and experienced personnel and such extensive facilities and set them aside exclusively for cerebral palsy? The answer is that we cannot and should not.

That may be a strange thing to say. Isn't cerebral palsy a tremendous problem? Yes! But the cerebral-palsied person does not have to be removed from society and set off by himself in order to get all the specialized care he needs.

Just because a given cerebral-palsied child needs a special clinic for diagnosis does not mean that that particular child necessarily needs specialized schooling or a separate approach to his other needs. And just because a certain cerebral-palsied child at 8 years of age is found to profit from a special class in elementary school does not mean that he will not adjust excellently in a regular class in high school.

Do not isolate the cerebral-palsied

The cerebral-palsied person must not be stigmatized as being so different that he cannot belong to a general group, that he cannot attend regular activities, and that he cannot receive service from specialists who are working with other problems as well as with cerebral palsy.

Our community services are organized in two ways, by functions and by population groups. As an illustration of the functions, we have schools for education and hospitals for sickness. As for population groups, we have schools for children and separate schools for

adults. Sometimes we go too far in developing separate services for certain groups of people, such as having two hospitals side by side giving the same kinds of service. Too many of our activities are wastefully set up in duplicate fashion for different population groups.

We must try to strike a better balance between the two methods of community organization on the basis of convenience and effectiveness. We must remain flexible in our planning.

If we can first locate the cerebral-palsied children most effectively by having a general clinic for all children who have trouble walking or using their hands or talking—then let us have a general clinic for case finding.

If we can get the best kind of specialized diagnosis for cerebral-palsied persons by means of a special cerebral-palsy clinic, such a clinic should be set up.

And, after specialized diagnosis, if we have in a school five cerebral-palsied children who need speech instruction, and there are half a dozen others who have cleft palate, or who stutter, then we set up, not a cerebral-palsy class, but a speech class. And if in the school there is a small number of cerebral-palsied children who need daily physical therapy, and several other orthopedically handicapped children who could profit from physical therapy, then, under medical supervision, let us offer physical-therapy services in that school to all the children who need it—regardless of diagnosis.

Obviously, we have a better chance of getting special speech instruction or physical therapy for the larger number of children and for the different kinds of needs. And it is better that way for every reason. For the cerebral-palsied children then have a chance, even in the special periods, to mingle with other children. And it is good for the others to get to know the cerebral-palsied children. For the teachers and other professional workers, it is wise to devote somewhat less than 100 percent of their time and study exclusively to cerebral palsy. Constant comparison between children with all types of handicap or with no handicap is good practice for the professional worker.

In our community structure special services are built upon the general serv-

ices and depend upon them. A complete battery of personnel and facilities is not repeated for each diagnostic condition—for rheumatic fever, for poliomyelitis, for cerebral palsy—separate nurses, teachers, doctors, except for that period when the children need them. The rest of the time, the same children need good general services—good general education, health supervision, and so forth. In such a setting, cerebral-palsy services once established are most likely to survive and to flourish.

This does not mean, however, that there is one rigid sequence or priority of development. We must not necessarily wait for the perfect school system and health service before developing a cerebral-palsy service. Good speech instruction even with little else is valuable; good medical care without special education is a contribution, though weighted in one direction. Whichever component is established, however, must itself be on solid ground. To illustrate, physical therapy must have qualified medical supervision; special school placement without medical diagnosis is obviously improper.

How special services grow

Having good basic resources will not automatically produce a cerebral-palsy service. Our experience to date shows us how long the very best of our communities went without attempting to meet cerebral-palsy needs. As a matter of fact much of our growth in this direction does occur in somewhat reverse fashion. Scattered local school systems institute special services such as a crippled children's class, a speech teacher, or a remedial-reading teacher. Soon the State department of education finds it necessary to give a label to the special services, to set aside or earmark funds for them, to establish standards and curriculum information and to give supervision and consultation to them. Now 34 State departments of education have directors for education of exceptional children, many of which resulted from grass-roots development.

It is clear that a simultaneous attack of two kinds is therefore necessary—the general and the specific. While we give every possible support to strengthening our basic community resources for health and education, we must at the same time work for developing spe-

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cial programs, and then we must try to get each component of the special program such as speech teaching or health supervision in the school strengthened, extended, and finally generalized.

A striking example of this dual approach is in professional training. The greatest single obstacle today to adequate care for cerebral-palsied persons is the lack of personnel trained and experienced in cerebral-palsy work. If today we had at our disposal all the funds we wanted, we could not immediately make an appreciable dent in the problem. We would first have to concentrate on training doctors and other workers. Nor would we find professional schools ready, equipped, or financially able to absorb the student load we would want to place upon them. Therefore, those who are interested in development of better cerebral-palsy services must not only give aid to the training of certain individuals to come back to work in their own community service; they must have a special stake in moves to give public support to medical schools and other professional teaching institutions.

There are obvious reasons for stressing the role of government in the problem. First, because government is responsible for the two basic services, education and public health. In both services, our horizons have widened in recent years.

Educational authorities do not limit themselves to saying, "Here are the schools for your education; come and get it if you can." Educators now accept the responsibility of making education truly available to every child, if necessary by means of special transportation and classroom equipment, by lip reading for the deaf, and so forth.

Cerebral palsy not an individual problem

Likewise, public health has attained a broader outlook. In earlier days, its interests were impersonal ones, such as epidemics and sanitation of water and milk supply. Today we believe that our public health is the net total of the good health or lack of good health of all our 140,000,000 individual citizens. And cerebral palsy is a public-health problem. It is not an infectious disease, but like such a disease it affects more than the patient himself. It limits the

happiness and productivity of the other members of the family as well as of the patient, and it makes demands upon the time and efforts of professional workers.

Nevertheless cerebral palsy has not received adequate public support, probably largely because of the cost. Such a program is expensive, true, but how does a government—Federal, State, or local—arrive at the decision that a problem is unworthy of the expenditure?

A short time ago, our Federal Government spent close to a million dollars to rescue 12 men stranded on a Greenland ice cap. Of course they should have been rescued. Of course, the money should have been spent. Everyone agrees. But how many States have indicated that their cerebral-palsied citizens, numbering many more than 12, are at least as worthy of salvage as the 12 in Greenland? And so when a program is disapproved on the grounds of being too costly, it may be that we just have not convinced ourselves and our representatives that these people are worth while bothering about.

A second reason for emphasizing the government's part in the problem is the diversity of services which must be pulled together for cerebral-palsy work. Few hospitals or nonofficial agencies in the country can afford to carry an extensive cerebral-palsy program without financial assistance. And no voluntary group can be expected to develop its programs on the basis of the total community problem or to accept responsibility for all in need. A voluntary organization is compelled to keep its services within its own limited capacity and resources. Every good cerebral-palsy program, no matter how few persons it serves, is a contribution to total success, but we must aim for an overall plan to meet the various needs of all the cerebral-palsied persons in a community, in the State, and in the Nation. No matter how comprehensive a private or voluntary cerebral-palsy program may be in a community, the government almost always must share the burden and participate in one way or another.

In speaking of the cost of care we have not yet mentioned the family's financial part. Cerebral palsy is no respecter of station or of wealth. It strikes all sections of the population.

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A COUNTY AGENCY TAKES OVER PROTECTIVE SERVICE FOR CHILDREN

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WHEN parents are failing to give their children the good care that is their children's right, the community's conscience—written into law—demands a change. Such a demand is not always as difficult to fulfill as we might think. It is often breath-taking to discover the capacity of parents to better the quality of the care they give their children in answer to the community's demand, if they have the right kind of help.

What kind of help can they be given? How can the conscience of a community so express itself that these parents will begin to care for their children responsibly? Perhaps an illustration will answer these questions best—the experience of one community that gave its county welfare agency the responsibility for helping fathers and mothers who are failing as parents.

Taking over a service

The agency whose 5-year experience is related here is the welfare board of a large midwestern county that contains a city of 500,000 people and rural areas as well. Legally this board could have carried out from the beginning the protective service for children. But the law that *authorized* the agency to give the service did not *require* it to use this authority, and up to 1941 a privately supported protective society had been doing the work. In that year the welfare board took over this legal function of protecting children from neglect.

The board assigned the work to the child-service division of the county welfare board. The division was then administering child-welfare services to dependent children whenever the juvenile court transferred guardianship from the parents to the State department of social welfare. That program

consisted mainly of foster care. The "intake" work of the division—such as (1) the first interview, (2) making sure the complaint was valid, and (3) deciding about acceptance of the request for service—was separate from the intake work of the public-assistance programs of the welfare board. This county welfare board we shall frequently call, for convenience, "the agency."

The transfer

How was the transfer of the protective service made from private agency to public agency? For 6 months before the proposed date of transfer, announcements of the new arrangement were published in the local newspapers and were sent to the schools and to social and health agencies for children. A small staff, selected from the child-service division and the private agency that was relinquishing the protective service, worked together intensively to choose from the private agency's cases those that were to be transferred to the public agency. The parents of the children whose care was to be taken over by the new protective service were told about it by the private agency workers and were helped by them to understand the reason for the change.

The court worker

Meanwhile plans to strengthen the agency's staff for the taking over of this new function were being made and carried out. For example, a new type of position was added to the staff of the county welfare board, that of court worker. The duties were outlined by the director of the State merit system, with the help of the head of the child-service division of the agency. Later the new position was filled by a qualified caseworker. This worker and the

juvenile-court judge both took part in making the preliminary plans for the protective service. They determined how the time of this one specialized worker could be used to the best advantage of the children.

The chief duty of the agency's court worker was to present cases of dependency and neglect to the juvenile court. As time went on, the court worker also served more and more as liaison between the agency and the juvenile court. She also acted as a link between the agency and other courts that frequently heard the cases of men and women whose children's interests were involved. These were the district court, within whose framework the juvenile court functioned, the municipal court, and the probate court.

Because the courts respected the court worker's ability and valued the results she could bring about, she took an increasingly active part in conferences with judges in matters relating to referrals, confidentiality of court records, adoption petitions, and divorce hearings. She was invaluable in explaining protective services to any person whose occupation, connected with courts in some way, brought him in touch with children who might need the services or who were already receiving them. Among these persons were probation officers, police officers, judges, attorneys, and the county sheriff and his staff. She kept open the channels of communication between the courts, the welfare board, and the community.

Looking back

In spite of all that had gone into preparing for assumption by the public welfare agency of responsibility for protecting neglected children, the first 18 months of work (January 1942–

September 1944), considered in retrospect, was a period of trial and error. The program-building eventually succeeded, however, because of the deep and active interest of the key persons in the county agency, including its board, its executive, the heads of all its service divisions, and the whole staff of its child-service division. All wanted very much to give the community the best possible protective service; they realized that developing such service takes time and energy, as well as money.

Toward the end of this preliminary period, deficiencies and mistakes became apparent. What changes should be made? Too much responsibility had been given to untrained and inexperienced workers on the welfare board's staff. Policies and procedures were not carefully enough thought out and were still unwritten. No clear distinction had been made between the activity of the intake service and the work that followed, nor was the value of this differentiation recognized. As a result, intake workers found themselves bogged down by a load of protective-service cases, carrying some of them for months.

Large numbers of persons with an interest in civic matters who logically would be interested in backing this service were not taking their laymen's share of the public agency's new responsibilities. Their support was needed. Questions were arising whether the county welfare board was protecting children in a responsible way, and no one seemed to know the answers.

The agency rebuilds

At this point the county welfare board did some reorganizing. It defined the protective service's field of activity and the responsibilities of the intake workers for that service. To a supervisor and three qualified caseworkers from the staff of the child-service division were assigned the duties of interviewing all who came to the agency about children and of deciding what the next step was.

The welfare board also set up in the child-service division a separate unit for the protection of children who were being neglected or abused. It consisted of a supervisor and five workers, and it worked closely with the other units of the division. The board set up, in addition, a personnel division to serve the

whole welfare board. The director of the division was a qualified caseworker who also was trained in personnel practices and in administration. The personnel division worked out procedures that resulted in the selection of workers who were truly suited for the tasks they were assigned to do. Each applicant was interviewed by the personnel director, of course, but also by a division director and then by the unit supervisor who was specifically concerned with the vocational background of the applicant and her immediate work interests. This screening benefited the protective-service unit particularly, because it needed workers with a special skill and ability.

Out of the first 2 or 3 years of experience grew the theory and practice of protective service that will be discussed here. The growth during the first years, stimulated by the welfare board's willingness to evaluate, discuss, and clarify its services, and to try out new ways, gave the case workers in the child-service division a valuable job experience. It was they who had to meet and solve in a practical way, step by step, the problems presented.

Establishing procedures

What are some of the problems of procedure? We might take up four as examples: (1) Who is regarded as the "client," when help from the agency is first asked for children who seem to be in danger or to be suffering from too great hardship? (2) How does a worker first approach parents when a complaint has been made against them—in fact, what is the flow of activity from the moment the request for action is made to the time when the worker and parents are in the midst of their effort to change conditions for the children? (3) What is the relation of a protective service to other services for children? (4) What use is made of the juvenile court?

Who is the "client"?

In developing a protective service, the child-service division came to regard as the "client" the person who makes the complaint, the person who is concerned enough about the well-being of some child to try to get help for him. He is the person who is willing, after talking to the intake worker, to carry on further if necessary. That is, he is willing

to do more than telephone and say: "You must do something about this right away." He sees that he will be needed for certain information and action, that if he is really expressing the community conscience he will accept an active part in that expression. The worker may ask him in the first conversation whether he is willing to be interviewed at greater length at his office or home or at the agency's office, so that he and the worker may talk over his report about the child and the responsibilities of each in efforts to help him. The worker may ask the client whether he can give the name of the family responsible for the care of the child, and the child's name, and tell what school he attends. Has the client seen any instances of neglect or abuse? If not, has he evidence to support his belief that the child needs help? Would he be willing to testify in juvenile court if court action became necessary?

This last question springs from the right of a man accused to face his accuser in court. The responsibility rests with the agency for initiating court action when it becomes clear that no other action will bring about the well-being of the children. But it is the policy of the welfare board to refrain from revealing the identity of the complainant without his consent: hence the question.

In actual practice, this question became less and less frequently needed because, as the work gained in effectiveness, the court was used only under special circumstances. Protective workers were convinced that the plan to take court action is soundest when the parents and the worker agree on it. Workers try not to use court action as a last resort, but rather to use it as a vital part of protective practices—the community expressing in law its standards of child care. Constructive use of the protective function begins with the conviction that parents can change from acting irresponsibly toward their children. Parents can use the protective service when they are given time and help.

Opportunities at intake

When the person making a complaint first discussed the child with the agency worker, he did not have to give all the items of information needed. If he could give a few of them he and the agency could begin action. But discus-

sion of the situation from the very first moment of complaint gave an opportunity for explaining the service so that the person asking for service (often it was another agency or an institution) would pass information on to associates. Understanding the principles of the work, the person or agency referring the child for service would then have enough confidence in the agency to allow subsequent action to rest with the protection worker and the parents.

Requests and responses

When a complaint was made, the intake worker explained, if necessary, that the protective service could not punish parents—nor did it wish to; it could not adjudicate them as “neglectful,” as it had no judicial function; it could not—nor did it wish to—remove children from their homes without the consent of their parents or without a court order. The worker made it clear that quite a bit of time might elapse before the parents, even with help, could better conditions for their children. She pointed out that it was logical to allow a reasonable time because it had taken time for the situation to become as bad as it was. However, a limitation would be set on the amount of time the parents could have to bring about a change. Also the parents must give their children increasingly better care during the time the full change required was becoming a reality.

If a father asked the agency to discipline his wife because she was neglecting their children, the intake worker could explain to him that the service had no way of forcing his wife to be a better mother. But, the worker might say, if he and his wife wanted to know what the service could do, or about any other service for children in the community, the worker could give this information. Help for perplexed parents was possible to get.

When a mother came to the agency because her husband had deserted the family, the intake worker explained that the agency, having no police power, could not bring her husband home. But the worker would let the mother know that she, the worker, understood how difficult it is for one parent to bring up children alone and that the agency did have services for mothers and children when the father was absent from home.

If the mother wanted to know more about these services the worker could see that she talked to the right person about getting them.

When a mother had deserted her children, the worker could say to the father that the agency had no authority to bring his wife home but there were other services that he might want to use. He might want to discuss the possibility of temporary foster care for his children while he was making permanent arrangements. If not, perhaps he could use the homemaking service of the family-service society (a privately supported agency). That service would make it possible for him to keep his children at home. While he worked they would be cared for by an experienced homemaker, supervised by the society.

The intake worker could say to neighbors complaining about small matters that the county welfare board could not mix in neighborhood feuds and to unreasonable relatives that the board could not mix in family squabbles. And so in a multitude of ways, day by day, the protective service explained itself to those who came to its office. It recognized valid complaints that were within its power to accept and work on, it explained its limitations, and it told of services besides its own that might help. Thus, at the initial interview it showed something of the community's standards of child care.

Only a sure foundation

Early in the development of the protective service the staff realized that unless the work from the first moment of the complainant's contact with the service was sound, later work with parents was unlikely to bring results. The work of other units of the child-service division—for example, the placement unit—could not be sound unless it was built on a sure foundation, laid in the first interview. Child care must be a continuing process, but there can be and must be a distinction made in the functions of intake, protection, and placement.

Starting the work with parents

Having considered the first contact of the client with the protective service through its intake unit, let us see how the worker of the protection unit starts

to work with parents. She begins only after an intake worker has substantiated the complaint as valid and the agency believes it has the legal responsibility to make the complaint known to the parents. At this point the supervisor of the protection unit takes over the responsibility. She might later confer about the situation with the intake unit, just as she does with the head of the child-service division and the court worker and, on matters of policy, with the executive director. By recognizing what methods are getting results and what methods are not, these conferences, while considering what to do in an individual case, clarified and defined methods of giving protective service, and suggested ways of improving them.

The letter to parents

One procedure that grew from experimentation and from conference discussions was the sending of a letter to parents as the first contact. This letter—not a form letter—told them that a complaint had been made about the situation their children were in and asked the parents to come to the office for an interview. The letter set forth the complaint in detail and described the protective service available to the family. It gave definite information to help in making an appointment—the agency's telephone number and the name of the worker to ask for.

This letter proved to be helpful to parents in spite of the bitterness or anger it sometimes aroused. Rarely did the letter fail to get a response. It gave the parents something definite to think about, something upon which to focus their fear or their anger. Many parents came for their first appointment with this letter in their hands, some to unfold it nervously at the start of the interview and to leave it at departure on the desk of the worker. Others waved it angrily in the face of the worker and then in the end folded it carefully and tucked it away in purse or billfold. From responses to the letters the workers learned a great deal of what to expect from parents in that first interview. But more important, they learned to help parents to understand their feelings about the letter and about coming to the agency. Such understanding laid the foundation for under-

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HOW WE TOLD OUR ADOPTED CHILDREN

KITTE TURMELL

WE have had the good fortune—my husband and I—to adopt two children, each in infancy, 3 years apart. We have been able to tell our son and daughter—successfully we think—without strain or self-consciousness—that we adopted them. Our son, the first adopted, very soon heard the word “adopted” in improvised lullabies; when he was 2 he was proud to translate its meaning as “you picked me out”; at 3 he joyfully went with us to the nursery on the day when we were at last to take home his newly acquired sister.

How did we know what to say and when to say it? By asking advice of the social agency that found our son for us, as many other parents of adopted children have done. Ours was the Children's Home Society of California, a State-licensed private organization. A staff member of the agency suggested something like this:

The story of adoption should start as soon as possible. A baby can be helped to feel that “being adopted” is something that makes him loved, even before he is old enough to learn that being adopted is being “chosen.” The story of his adoption should unfold as his understanding unfolds. When the story unfolds gradually, and is pleasantly told, he will think of it as natural and pleasing. He will look at it just as the parents do who have gone through the experience of choosing a child who is to be theirs for life.

The story starts with the way you say “adopted.” If the word is used often, affectionately, easily, with an endearing phrase or a song or a nursery rhyme, and emphasized with a hug or kiss, it will carry warm overtones. It should never be heard first as a playmate's taunt or an adult's whisper.

As soon as a toddler asks, “What's 'dopted, mommy?” he is ready for an explanation of “chosen” or “picked out.” This can be made personal, as a compli-

ment to the child's desirability, with the phrase, “We chose—or picked—or wanted—you.”

The age at which a child is old enough to be told more about it varies with different children, the worker told us; it is usually between 3 and 4, and certainly before school age. Whenever he does ask, or is ready to be encouraged to ask, tell him simply as much of the story as he can then follow. If you repeat it, and amplify it a little as his interest grows with his capacity to understand, he can enjoy this true story as much as he does a favorite fairy tale.

“To be our very own for always”

But say it *your own way*, the social worker's advice continued, using as much as you like of this suggested version: For a long time we wanted a baby just like you. We were lonely; our house seemed empty. Then someone who knew where there were some babies who wanted mommies and daddies helped us find you. You were bright and lovable and beautiful, just as you are now. You were the baby we wanted, so we brought you to your new home to be our very own for always.

Saying it “your own way,” of course, gives parents a chance to use various ways of telling the story. We, for example, decided to add pictures to the words to illustrate the story of the adoption of each of our children. We framed snapshots taken on each of the two christening days. These pictures showed my husband, proudest of fathers, beaming as he holds the newly named baby. They are on the wall of our breakfast nook, where our children can see them easily. They admire them again and again, beaming themselves at the pride and joy they see in Dad's face

Parents who have adopted a child often ask a children's worker to advise them about telling the child what he needs to know about his adoption. To help workers who are asked for this kind of help we are publishing one adoptive mother's account of her experience.

as he looks down at his adopted son or daughter.

That is one of the things that my husband and I did. I'd like to tell you about what other parents of adopted children have done.

Karen's mother made a scrapbook from many-colored sheets of heavy paper. She typed in “the story,” using for illustrations snapshots and pictures clipped from magazines. For the chapters of the story after baby Karen was settled in her new home, the illustrations show such daily rites as feeding and bathing the baby. The pictures were selected to show what fun the family has bringing up baby.

On every page of Karen's scrapbook are stories or pictures that show the little girl that she is loved. A page representing her first Christmas, showing Karen with her new toys, is captioned, “Santa Claus brought you a dolly and a tree. Your mother and father got fine presents, too, but the best gift they could ever ask for arrived before Christmas . . . that was KAREN.”

One present to David's parents when they adopted him was a baby book, with places to enter facts about the new baby. Some of the entries asked for were inappropriate, such as birth details. And so David's mother and father converted the book into an “adopted-baby book” by pasting over the inappropriate pages new hand-lettered headings and by using the blank pages in front for a biography that begins: “David is a chosen baby. He was born on November 8, 1945, but he was almost a year old when we, his parents, chose him for our very own.” A page headed, “My Adoption Day,” contains a happy account of the visit to the judge—whose decree made the adoption legal. This is illustrated by a snapshot of a happy family of three. On another page is mounted one of the “proud-to-announce” adoption cards that were mailed out to friends and relatives.

Bonnie's parents also used photographs to help her understand her story. One is of the parents on their wedding day. The other is of the family of three, including Bonnie. These two pictures are used to illustrate a legal point—that just as Bonnie's parents were not “related” until they chose one another for marriage, Bonnie was not related to

them until they chose her for adoption. The legal relationship that is created by marriage or by adoption, they wanted the little girl to realize, is just as strong in its way as a blood-relationship.

June's mother wrote a diary about June's arrival and progress, beginning with the parents' pleasurable anticipation of the little girl's coming.

Paul's father told the story of Paul's adoption on a home-recording machine, improvising a nursery-tune accompaniment.

Judy's mother wrote the story of Judy's adoption in a "Dear Daughter" letter, illustrated with many amusing sketches. This she put with Judy's third-birthday presents, with the idea that it would be read aloud to the child after the birthday excitement was over.

You might use ingenuity, as these parents did, in telling the story of adoption, or you might just tell the story in a straightforward way. What really counts, says the social agency that is helping us, is your calm sincerity in explaining the facts and in answering questions.

Invite discussion, but don't overdo it

Some further guides that the agency has given us are as follows:

Do not wait indefinitely for a cue for giving more information. If necessary,

spur the child's curiosity by referring to the adoption when talking to someone else in the presence of the child. He might have forgotten the word or might be hesitating to ask.

Explain and repeat as often as necessary to assure that he understands. However, do not overdo the open-discussion attitude with unnecessary repetition, which could make the child overly conscious of being adopted.

Open the door to easy discussion in the future by encouraging the child to feel free to bring up any matter that puzzles or troubles him at any time.

Do not exaggerate the superiority of being chosen over being born into a family to such a degree that the child boasts to others. This might set him apart from his own group.

Do not precipitate questions that might never arise.

Do not overestimate your child's understanding by giving information too complex for him, but do not underestimate his ability to grasp the idea of adoption. (It might be later than you think.)

So far, our children, both still under school age, accept the idea of adoption as naturally as they do their names, their looks, and where they live. We are ready for the questions they will ask in the future, once *they* are ready for the

sex education that will give them their first insight into the difference between blood and legal relationship.

When we talked this over with the agency worker, she reminded us that no child really understands adoption until he has some idea of conception. Soon after a child enters school, often at about the age of 8, he will ask where babies come from, and then, where *he* came from, the worker continued. That is the time when you explain that all babies are born in the same way. Some, however, are given to new parents some time after they are born.

"Who?" and "Why?"

When the child knows how babies are born the inevitable question will come: "Who was the mother who *did* carry me in her tummy and why didn't *she* keep me?" This is the signal for the explanation, the worker said, that a mother and father entrust a child to another mother and father only because they believe that in this way they can assure a better life for the child than they could give him.

If a child keeps on being curious about where he was "found," said the worker, give him an enthusiastic description of the hospital, or social agency, or nursery, at which you first saw him. Tell him how he looked, how he held up his hands to be taken to his new home by his new parents.

We know that *our* children enjoy this. They like to listen to a description of the nursery home's reception room, in which we first saw each of them, smiling and kicking in a pretty bassinet.

The worker told us that two-thirds of all adoptive parents in the United States, according to surveys, wonder sometimes how much to tell the child if his desire for details about his natural parents becomes stronger as he matures. This is no serious problem for my husband and me. We are pleased about our children's life histories, and we want to tell each of them as much as possible—at least, as much as seems advisable at any given time. This, of course, depends upon the degree of their interest. We are following this advice from the California society:

Be logical and truthful in whatever you say. Do not parry a specific question with a vague answer.

If there are any could-be-disturbing

The youngster's playmates should never be the first to tell him that he is an adopted child.



factors that need to be told, bring them out early, and gradually; when a child grows up knowing the essential facts they will become as much a part of him as his build or his voice.

Give as vivid a word picture as you can about his natural parents. Often curiosity is easily satisfied with a pleasing description. Tell what the child seems to relish, but do not build up such a fascinating picture that the child will feel robbed when he compares, in his imagination, his natural parents with his adoptive parents. He should not be given the feeling that he has been deprived of a more interesting life or a more colorful heritage than you, his parents, can offer him.

Do not let your child feel isolated by his adoption. Talk with him about other adopted people he knows about or that he can be introduced to in normal social contacts. If his national background is different from yours to a marked degree, see to it that he is helped to like and respect "his own kind." He may learn about this background at school, or through his reading, or

through other association with the culture of his forebears. Perhaps he will find out more about it through travel.

Satisfy the craving of every adopted child to be told that he bears some resemblance to his adoptive parents, or to some other relative whom he would like to resemble. Often environment develops similarities that you can point out by identifying "his mother's ready smile" or "his dad's dependability" as a characteristic shared by parent and child.

School the child against any future embarrassment from prying questions by explaining that he may tell as much or as little as he chooses about his adoption story. Help him to realize that he can be proud to tell anyone that he and his parents are more than satisfied with every detail of his history.

Long ago my husband and I learned that we also could ward off impertinent questions (and you'll be surprised to know how many strangers are bold enough to ask whether the adopted child's first parents were married.) We say that we want the child to be the first

to tell his story to outsiders, in order that he may tell as much or as little as he chooses, without feeling, uncomfortably, that others might know more than he does about his personal history.

Perhaps the keystone of the arch through which the child enters into knowledge of his history is this principle, as stated by the children's agency:

"You must guard against projecting any emotions that might disturb the child about his adoption story. He will be influenced by your attitude; aware of any tension or uneasiness. If you are afraid that the child will not accept his true story, then you, his new parents, need to reexamine your heart, rebuild your feelings of security, refresh your mind on all the favorable factors that convinced you before the adoption that this was the very child for you. Until you have quieted any qualms of your own you are not emotionally ready to start the continued story we are here considering. If you do learn to tell the story well, your reward will be your child's acceptance of his adoption and of you.

CEREBRAL PALSY

(Continued from page 100)

Some wealthy families are able to pay all costs. But how many other families are there, even the comfortably situated, who can carry the costs of years of service from physicians, speech teachers, and physical and occupational therapists, in and out of hospitals? Very few can do this. Therefore, the benefits of cerebral-palsy programs as they are developed should be made available to all, regardless of their economic status, and parents should be given a chance to pay what they can afford, without pauperizing themselves and also, without depriving themselves and their other children of the necessities and reasonable pleasures of life, and in full recognition of the limited vocational opportunity and earning capacity that will face some of the cerebral-palsied children when they reach adulthood.

Another very important contribution to the battle against cerebral palsy is the association of interested citizens. It is largely through the work of citizens' groups that interest in cerebral

palsy has increased so much in recent years and that new programs have been begun in various parts of our country, in Canada, in England, and in other parts of the world. Part of the strength of these citizens' groups lies in the fact that they are composed largely of relatives of cerebral-palsied persons. Because of their own personal experiences in futile searching for adequate care, they have the kind of zeal and stick-to-it-iveness that gets results.

Plan next steps with care

From now on, however, that special strength—their immediate personal investments—may become a weakness in citizens' associations. The first obstacles in our path have been overcome. The general public is getting interested in cerebral palsy, legislators are more sympathetic, the professions are becoming increasingly cognizant of it. More programs are waiting to spring up on all sides. The period ahead demands careful planning and sound community organization. Programs should be developed on the basis of over-all need, of effective integration with existing

facilities, and of likelihood of good results. A citizens' group should encompass a broad base of the community, including both lay persons and professional workers. Parents of cerebral-palsied children and adult cerebral-palsied persons themselves will and should continue to be among the leaders and to bring to the groups the benefits of their experiences, whether bitter or pleasant, and of their strong conviction of the tremendous importance of the problem.

But there will be times when the best sequence in adding new components to a community cerebral-palsy program will require giving service sooner to one group of cerebral-palsied persons than to another; such as to preschool children before school-age children, or vice versa, or to the work of vocational aid for adults rather than speech instruction for children. The time table of the steps will differ from place to place, but the goal of a full, comprehensive program is the same for all. Parents will at times find themselves in the painful position of supporting their citizens' group in sponsoring a program which

helps another's child, not their own. That is not at all easy, but at first it must be done. Broadening the composition of the citizens' groups will temper the decisions of the group with more objectivity.

On occasion, an entire lay association will properly support a community decision to postpone the actual giving of service until personnel can be trained. Here all the cerebral-palsied persons will go without care for a number of months or even years while the association helps to send the future cerebral-palsy workers away for training.

There follows here a seven-point national cerebral-palsy plan. This plan is a practicable one which can be started now—and not a fantasy for a decade or two hence.

1. Stronger school systems in all States, with adequate special educational programs for handicapped children and training programs for special teachers.

2. In every county in the Nation, full-time organized local public-health services.

3. Expansion of school health activities and crippled children's services. Establishment of cerebral-palsy programs as rapidly as is feasible and of training centers for cerebral-palsy workers.

4. Establishment of a national research center on child life.

5. Expansion and coordination of research on the causes and management of cerebral palsy.

6. Aid to medical and other professional schools so that larger numbers of better-qualified professional workers can be trained.

7. Enlarging the membership of citizens' associations working for improved cerebral-palsy care; and support by the associations for community education, professional training, scientific research, and services for cerebral palsy. Participation of the citizens' associations on joint councils and on advisory committees of official agencies at the Federal, State, and local levels.

Attainment of this program would establish both a solid community framework and sound special services for the well-being of our cerebral-palsied citizens.

PROTECTIVE SERVICE

(Continued from page 103)

standing their feelings about their children and about themselves as parents.

The core of the work

The service offered to parents, which began with this first interview, can be briefly stated in this way: In giving the service, the agency aims to show its feeling of respect for the dignity of each person who comes and to let him know that the workers do not disapprove of him because a serious complaint has been made against him—a complaint that he is failing to care adequately for his children. The agency emphasizes the fact that the fathers and mothers complained against are expected to become better parents by all in the community who are interested in all children. And it emphasizes its belief that they can change. The worker's skill is brought into action for the very purpose of helping them, as they learn to use the protective service to improve conditions for their children. The protective service shows its confidence in a parent's capacity to change.

Each parent has his own emotional responses to authority, which he can be helped to understand. He will test this authority again and again, only to discover that it is one of the most dependable forces he has yet encountered. His

struggle to make use of this authority—often a deeply felt experience for him—can result, and frequently does result, in a reorganization of his pattern of behavior. It may bring about a change in his emotional responses to what happens to him and in his attitudes and his actions. This change makes it possible for him to give his child the love the child has been without, and to give him the benefits that result from parental love.

A link with other services

A year after the reorganization, the staff of the agency appreciated fully the need to keep close to the community and to encourage professional and civic groups to keep close to the agency. The case work committee of the local council of social agencies provided one way of creating this necessary interrelation. This committee held biweekly meetings for nearly 2 years to discuss the intake policies of all the agencies that came in contact with inadequate child care. By hearing case material discussed, members of this committee learned what situations to refer to a protective service, what the court worker does, how the protective service uses the juvenile court, and how the protection worker goes about her service to children and their parents. Many other groups besides social casework agencies were invited to send staff members to the

meetings. That meant that teachers, probation officers, policewomen, church workers, public-health nurses, and members of parent-teacher associations were present to learn about the service and how protection workers could use the skills of other workers.

A study results from discussions

One of the tangible results of the biweekly discussions was a study of a number of cases of parental neglect, made in order to throw light on certain aspects of the problem. Among the points the committee studied were this new relation between protective service and parent; the length of time that is reasonable to allow for agency and parents together to change the conditions that are harming the children; the factors in a situation that determine if the case is one to refer to a protective service. It also tried to determine whether the county welfare board was administering this service well; that is, whether it was acting as the conscience of the community vigorously and sensitively.

The findings influence public opinion

The study itself, besides supplying valuable information, had the tangible result of influencing community thought about the effectiveness of the local protective service. That is, the feeling of many persons and agencies

already interested in children changed from uncertainty to certainty. Most of the members of the committee, and an ever-widening circle of agencies and individuals, did come to believe that the public agency was indeed making headway in improving the lot of a very helpless group of children and parents. The people of the county wanted better care for children who were in danger because their fathers and mothers did not know how to be good parents. They delegated to the public agency the responsibility of bringing about this better care. The county welfare board believed that parents were the ones to give this better care, and that the board's task was to help them succeed but to safeguard the children while the required change was being accomplished.

Relation of the agency to the court

Without a solid bridge between the juvenile court and the agency responsible for safeguarding children who do not have the right kind of care, there can be no protective service of the type discussed here.

It was clear to all concerned at the time of the agency's reorganization that the protective responsibility of the agency is different and distinct from the court's authority. Agency and court are independent of one another. Just as the court is not an arm of the agency, so the agency is not an arm of the court. Each has a right to expect the other to make its referrals of children in accordance with the agency's or the court's procedures. In this county, responsibility for treatment in juvenile delinquency cases rests with the court, which has its own probation office for that purpose. The agency, therefore, does not accept referrals of children who have been adjudicated as delinquent.

What seemed only a matter of using terms correctly might raise points about the court's authority and the workers' attitudes. For example, the term "neglect" is legally defined, and only a court can adjudicate parents as "neglectful." However, when workers of the agency considered fully all that lay back of that fact, they realized that they needed to change their way of thinking about the parents with whom they worked. It was clear to the workers that before court action was taken—and afterward as well—they ought to

think of the parents not as neglectful mothers and fathers, but as persons who were having difficulty discharging their responsibility as parents.

The worker's part

In a service that has authority connected with it, it is not easy for an untrained, inexperienced worker to differentiate the behavior of a person from the person himself. But a caseworker who is qualified by professional education and experience to use this authority and who is accountable to the community for its wise use is able to make this distinction. A worker who cannot feel and express this distinction is apt to increase the fear, hostility, anger, and hate that the parents feel—emotions already brought about by what has happened to them previously. Unless a worker accepts the fathers and mothers as persons with a problem to solve, accepts them sincerely, frankly, without blame, the parents may see this new relation as another blow to their dignity. The worker must know how to give them a chance to express their best selves, by treating them with warm interest and unfailing fairness. When a parent is sure of this interest and dependability, is sure that he is regarded as a person whose thoughts, feelings, and attitudes can change for the better, a change can begin. Knowing that he, himself, is not blamed, even though his behavior toward his children is thoroughly disapproved of, he can begin to improve that behavior through a force that he finds within himself.

Deciding about court action

As court and agency worked together, the caseworkers on the agency staff began to appreciate the value of the court to their work with parents. They came to see more clearly what was sound and what was unsound in their use of the court.

The step-by-step preparations before asking the court to help *the agency and the parents* to protect the child more fully were painstakingly analyzed by the agency. As we have said before, the agency considered it soundest to use the court when both the parents and the agency agreed on plans for which they needed the court's assistance. As experience sharpened the worker's skill, instances became rare in which the

agency felt that only the authority of the court would activate the parents to change conditions for their children.

Only infrequently did the agency decide on court action without the parents' having a part in the plan. When this had to be done, the worker took the time to explain fully the agency's reasons, to tell the parents what to expect at the court hearing, to point out their right to counsel.

Parents plan with worker

When it was necessary to take court action, the agency usually asked the court for temporary custody of the children, which gave it the right to protect them more thoroughly. Both the court and the agency pointed out to the parents that this custody was to continue for a limited time only and that during that period parents and agency would be working together. At the end of the time stated the parents and agency were required to appear again before the court with plans for consistently better, long-time care for the children. This arbitrary time limit often served, with the worker's help, to spark a sense of responsibility in the parents.

After the court hearing, the caseworker and the parents talked things over at the agency office. They had sat beside one another in court, which gave a parent a chance to express to the worker whatever anxieties, fears, or feelings of relief he had. Because the worker could help the parents voice these feelings and could show that she understood them, parents found it easier to discuss the court hearing. The worker could see what the hearing meant to the parents and could better plan the next step with them.

The court worker on the agency staff presented all the agency's cases to the court. She organized the material that was relevant, assisted protection workers with forms and legal papers, and joined in all the conferences of the protection supervisor and the caseworker regarding the use of the court. Her calendar tallied with the court calendar, and she recorded all court hearings in the agency's case record of the family concerned.

A good working relation between agency and court develops best when the difference between administrative

and judicial functions is fully recognized. Understanding this difference, agency and court alike are in a position to appreciate the value of the other's function.

Unfortunately, many social workers fail to realize that constructive use can be made of the authority of the juvenile court and the law. The parent's experience with this authority can be a positive factor in strengthening of personality and in growth of a sense of parental responsibility.

Just as unfortunate is the fact that many juvenile-court judges and proba-

tion officers overlook the potentials of casework for helping people. Many in both groups also fail to realize that the casework process can be used to help parents make the most of the experience with authority. The process can be helpful especially when its difference from and its relation to other processes attendant upon court action are clearly understood.

The profession of social work is actively engaged with problems arising from community needs and with promoting the sound and clearly defined organization of social agencies that

have been developed to meet these needs. The processes of casework, group work, intergroup work, and administration can be helpful in integrating community strengths in proportion to the capacity of the community and of the profession of social work to make use of one another.

A profession is courting failure if it attempts to function unrelated to community needs and without the public's general sanction and approval of ways and means. This is true, indeed, of professional services to care for children and to protect their rights.

IN THE NEWS

Nonprofit Monthly Digests Articles on Children

Child-Family Digest, a nonprofit monthly, is being published "to serve all interested in children and family relationship." Its first issue was for June 1949. The editors and publishers are Gayle Aiken Jr., and Charlotte Aiken, 5320 Danneel Street, New Orleans 15, La.

"Square Deal for Every Child" Is American Legion's Child-Welfare Goal

At the thirty-first annual national convention of the American Legion, at Philadelphia, August 29 to September 1, 1949, the Legion adopted several resolutions presented by its committee on child welfare. Three of these, which would be of interest to readers of *The Child*, are as follows:

That the Legion endorse appropriate Federal legislation naming child desertion a criminal offense.

That the Legion cooperate with the American Medical Association, the American Academy of Pediatrics, and other reputable health and medical organizations and agencies in developing a program for improved child health based on community action under community leadership.

That the various units of the Legion be urged to give full publicity to their child-welfare activities, but without ex-

ploting any individual case, and to join other community organizations in the attainment of the Legion's child-welfare goal: "Square deal for every child."

The child-welfare committee introduced its report with the words, "The children of America are its greatest assets, and the Legion is interested in those children. Not only the children of veterans, but all children. We must make certain that every child has sufficient food to be nourished properly daily, and a suitable environment in which to grow into healthy and useful manhood or womanhood. We will not be discouraged by any temporary obstacle that may be cast in the way. The command is forward, and our efforts in conserving our country's greatest asset will be the insurement of peace and prosperity for the future citizens of America."

U. N. Staff Art Show Nets Over \$2,000 for Children's Aid

A check for \$2,170.57, the proceeds of a 10-day international art show held at United Nations Headquarters by members of the UN Secretariat has been presented to the United Nations International Children's Emergency Fund (UNICEF).

This will make possible the serving of 60,000 supplementary meals to needy children. The UNICEF daily supplementary meal costs 7 cents, of which

half is contributed by the assisted government and the other half by the Children's Emergency Fund.

Child-Labor Certificates Pro- tect Both Employees and Employers

Secretary of Labor Maurice J. Tobin has announced the redesignation of 44 States, the District of Columbia, Hawaii, and Puerto Rico as jurisdictions granting age, employment, or working certificates or permits that are accepted by the Department of Labor as proof of age for young workers under the child-labor provisions of the Fair Labor Standards Act. (Certificates granted in these jurisdictions are also accepted by the Department of Labor as proof of age under the Walsh-Healey Public Contracts Act.)

By obtaining State certificates, employers in the jurisdictions designated are able to protect themselves from unintentionally employing under-age children. Employers in the other four States—Idaho, Mississippi, South Carolina, and Texas—have similar protection through obtaining Federal certificates of age issued in those States.

Sixteen years is the minimum age for general employment under the child-labor provisions of the Fair Labor Standards Act. The minimum is 18 for occupations that have been declared hazardous by the Secretary of Labor.

Inspection experience under the Fair Labor Standards Act has shown that less than 4 percent of certificated minors are employed in occupations illegal for the age shown on their certificates. In contrast, 30 percent of employed minors who do not have certificates are employed in violation of the act's child-labor provisions.

For Better Reporting of Birth Weight

In 1950 the birth certificates in all but one State will include an item on the baby's birth weight. This item will provide the basis for valuable information about premature birth, which is now the leading cause of death in early infancy.

A concerted effort is being made throughout the country by State departments of health to obtain accurate reporting of the birth weight of *all* live-born and still-born infants. In most of the States, a circular entitled "Weigh Each Newborn Infant" will be sent shortly to hospitals and to physicians and other attendants who deliver babies elsewhere than in hospitals. The circular urges careful weighing, on an accurate scale, of every infant at birth, including the very small ones and the still-born; and recording of the birth weight on the birth certificate.

The Children's Bureau is interested in the birth weight of babies in relation to a number of factors. Among these are race, sex, economic status, period of gestation, complications of pregnancy and labor, order of birth, and whether the birth is single or plural.

For Better Juvenile-Delinquency Statistics

The Interdepartmental Committee on Children and Youth, a committee composed of representatives of the various branches of the Federal Government concerned with the well-being of children and youth, is circulating to interested individuals and agencies a report of its subcommittee on the improvement of juvenile-delinquency statistics. The report is being sent, together with a letter from Oscar R. Ewing, chairman of the interdepartmental committee, requesting comments and suggestions for improving the collection and uses of juvenile-delinquency statistics. This is an attempt to learn the extent and nature of the interest in juvenile-delinquency statistics on the part of those who use or would like to use such data.

Persons interested in obtaining a copy of the report of the subcommittee on the improvement of juvenile-delinquency statistics may write to Miss Edith Rockwood, secretary, Interdepartmental Committee on Children and Youth, Children's Bureau, Social Security Administration, Federal Security Agency, Washington 25, D. C.

Edward E. Schwartz

FOR YOUR BOOKSHELF

GROUP WORK WITH AMERICAN YOUTH; a guide to the practice of leadership, by Grace Longwell Coyle. Harper & Bros., New York, 1948. 270 pp. \$3.50.

Representing an accumulation of experience in working directly with youth and in teaching youth leaders, this book focuses on problems of group leadership. The author defines the essentials of the group process clearly, and uses case material with skill. She helpfully identifies the different types of groups that a group leader works with, friendship and acquaintance groups, avocational and interest groups, and administrative groups.

The book is substantial evidence that the practice of social group work is maturing and that individual group leaders are seeking objective criteria and means of self-assessment in their professional work.

Juanita Luck

PUBLIC HEALTH IN THE WORLD TODAY, edited by James Stevens Simmons. Harvard University Press, Cambridge 38, Mass., 1949. 332 pp. \$5.

The papers presented by a number of distinguished experts in the field of public health at the Harvard School of Public Health during 1947-48, are gathered together in this book, with a foreword by President James Bryant Conant.

Grouped under four headings, the papers cover many of the most important aspects of public health in the world today. The introduction discusses the broad implications of public and world health and reminds the reader that the dreaded communicable diseases have not been eradicated, and that only through the vigilance of health workers are serious outbreaks of these diseases prevented at the present time. Subsequent chapters deal with the growth of the profession of public health and the changing concept of medical practice from treatment to prevention of disease; the development of the great public-health organizations that are carrying the teachings of public health to people throughout the world; a review of the serious public-health problems that exist at present in other countries as well as in the United States; and discussions of some of the problems that have only recently become the concern of the public-health worker.

Throughout these papers, the writers have stressed three facts which every worker in public health may well keep

in mind; namely, that while public health has a vast store of knowledge regarding means by which the health of the public can be protected, people must continuously be educated to apply the knowledge; that there are many fields in public health which still remain to be explored; and, lastly, that good health, both physical and emotional, must be brought to people throughout the world as a prerequisite to lasting peace.

This book is up-to-date and authoritative. Since it contains many basic facts regarding health needs, as well as clear statements of the principles and aims of public health, it should be of interest to all workers in this field.

Susan P. Souther, M. D.

CHILDREN IN NEED, by Melitta Schmideberg, M. D. George Allen and Unwin Ltd., London, 1948. 196 pp. \$3.50.

In view of the increasing number of social workers who are crossing the Atlantic in both directions to study the child-welfare programs of other countries, it is important that both the visitors and the visited should have as much preliminary understanding of current thought and practice in each country as possible. For this reason *Children in Need* should be useful to American social workers as a picture of England's child-welfare problems and social-work goals.

Evidently the objectives we have for the improvement of our child-welfare programs are also those of our English friends. We both stress the importance of preserving the child's own home and realize that through skillful treatment the cooperation of even neglectful parents may frequently be gained in better meeting the physical and emotional needs of their children. Planning care for children according to their individual needs and encouraging the development of a variety of institutions to fit these varying needs are the goals of both English and American welfare workers. The training of teachers, social workers, parents, and others in charge of children seems as important in England as it does here. Foster-family care is not as highly developed there as in the United States, but its place in a child-caring program is recognized. State welfare workers in particular will be encouraged to read of the English efforts, similar to their own, to improve standards of institutional care of children.

In both countries it is all too evident that there is great need for more facilities for the care and treatment of children and more sympathetic understanding of children's needs.

Mary S. Labaree

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JUVENILE DELINQUENCY, by Paul W. Tappan. McGraw-Hill Book Co., New York, 1949. 613 pp. \$5.

This is a comprehensive, well-documented, factual volume on juvenile delinquency, by a professor of sociology and lecturer in law at New York University. It is divided into four parts. Part I deals with the nature and extent of juvenile delinquency, part II with causation. In part III the development, procedures, and functions of the juvenile court are discussed, and part IV takes up treatment.

Part III is especially thought-provoking and enlightening. As the author says in relation to part III, "It is hoped that the reader may be led to recognize both the sociological error of conceiving the delinquent without reference to the framework of legal institutions and the legalistic fallacy of considering him merely as an incident of judicial administration."

The author points out that his approach has been one of "sociological and legal realism." He adds: "Aside from a statement of those ideals which offer some challenge as goals of action, the effort here is to picture practices as they are, not as someone may believe they should be." As a result, some of the practices as pictured by the author do not provide a climate for nurturing a complacent attitude on the part of those who are interested in children and their problems.

In the chapter, *The Juvenile Court*, the author has the following to say: "The student should realize that the vast majority of children's courts are distinct from the ordinary court system only in having separate hearings; . . . In many places, especially in rural counties, there is little even of lip service to the specialized standards set up for juvenile-court performance. In cities, where juvenile jurisdiction is usually somewhat more specialized, there is great variation also in the conduct of court, much more than in the criminal courts. This diversity is a reflection of the failure thus far to develop any consensus as to desirable goals and methods in dealing with children."

While the author believes that successful prevention and treatment of delinquency depends for the most part on case-work and group-work methods, supplemented by psychiatric investigation and aid, he does point out some of the present limitations in the practice of social work in relation to delinquency.

In the chapter, *The Role of Social Work*, the author points out the need of coordination and redirection of services by present existing agencies. In this respect he says: "Because of the continuing resistance of many agencies to modification of their intake policies or treat-

ment methods, improvement may come largely through coordination that stresses the initiation of new service agencies to cover unmet needs rather than through the reconstitution of the existing facilities."

About protective services he says: "Protective services for the child represent another area significant to delinquency wherein serious gaps in service exist; the postulate of case work that the client must cooperate and, in fact, ordinarily must originally apply for help means that most neglected and dependent children will not be submitted voluntarily by their parents to the skills of the private case-work agency. If they are, there is real danger that such cases will be discharged as unadjusted through failure of the parents to cooperate. Some voluntary social agencies are experimenting increasingly with protective cases in which they attempt to motivate sufficient parental interest and effort to make effective case work possible. For the most part, however, the child neglected by his parents is also neglected by social agencies until he is reduced to so deplorable an extreme that he is brought forcefully to the attention of a specifically protective agency." The pictures that the author paints of the present practices in the area of probation and institutional care are equally graphic.

William H. Sheridan

CALENDAR

Feb. 1.—National Social Hygiene Day. Information from the American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

Feb. 3-4.—Community Chests and Councils of America. Biennial conference. Cincinnati, Ohio.

Feb. 3-4.—National Conference on Rural Health. Committee on Rural Health, American Medical Association. Fifth annual conference. Kansas City, Mo.

Feb. 6-12.—Boy Scout Week. Fortieth anniversary. Information from Boy Scouts of America, 2 Park Avenue, New York 16, N. Y.

Feb. 6.—National Children's Dental Health Day. Second annual observance. Information from Director, Bureau of Public Information, American Dental Association, 222 East Superior Street, Chicago 11, Ill.

Feb. 8-10.—National Conference of Superintendents of Training Schools and Reformatories [for boys]. Annual meeting. New York, N. Y.

Feb. 11-16.—American Academy of Orthopaedic Surgeons. Seventeenth annual convention. New York, N. Y.

Feb. 12-19.—Negro History Week. Information from the Association for the Study of Negro Life and History, Inc., 1538 Ninth Street NW., Washington 1, D. C.

Feb. 15-18.—American Camping Association. Twenty-first national convention. St. Louis, Mo.

Feb. 17-18.—American Academy of Cerebral Palsy. New York, N. Y.

Feb. 19-26.—Brotherhood Week. Annual observance. Sponsored by the National Conference of Christians and Jews. Information from National Conference of Christians and Jews, 381 Fourth Avenue, New York 16, N. Y.

Feb. 22-24.—American Orthopsychiatric Association. Annual meeting. Atlantic City, N. J.

Feb. 27.—Child Study Association of America. Annual conference. New York, N. Y.

Mar. 14-18.—Play School Week. Annual conference of Play Schools Association. Information from the Association, 119 West Fifty-seventh Street, New York 19, N. Y.

Mar. 24.—National Health Council. Annual meeting. New York, N. Y.

Regional conferences, Child Welfare League of America:

Feb. 27-28.—Eastern Regional Conference. New York, N. Y.

Mar. 6-8.—Southern Regional Conference. Shreveport, La.

Mar. 16-18.—Central Regional Conference (formerly called the Ohio Valley Regional Conference). Toledo, Ohio.

June 5-7.—Midwest Regional Conference. Minneapolis, Minn. (Date tentative.)

New England Regional Conference. (Date and place to be announced.)

Area conferences, National Child Welfare Division, American Legion:

Feb. 3-4, 1950. Area B—Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, Virginia, and West Virginia. Atlantic City, N. J.

Mar. 3-4, 1950. Area C—Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, Panama, South Carolina, Tennessee, and Texas. Dallas, Tex.

Mar. 10-11, 1950. Area A—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. Hartford, Conn.

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Pages 98 and 100, Esther Bubley.

Page 105, Works Projects Administration.

The Children's Decade

Ellen Key, famous Swedish author, in the closing years of the nineteenth century, expressed the hope that the twentieth century would be the Century of the Child. In spite of great gains that have been made for children, no one can be so bold as to claim that the first half of the twentieth century has lived up to this prediction.

Now, at the halfway mark, citizens who are sensitive to and impatient with our unfinished business of children are challenging all of us to rededicate ourselves to the achievement for all children of the chance to grow in happiness and social responsibility which should be the birthright of every child.

One challenge comes from George J. Hecht, chairman of the American Parents' Committee.

"Because in the next 10 years the United States will have a record child population, we are now entering upon what can well be termed the Children's Decade," Mr. Hecht writes.

"If the Children's Decade is to exemplify the high standards in education, health, and welfare that we want for our children, you and I and the groups and communities with which we are identified must set to work at once.

"Let us resolve at the beginning of the New Year that this next decade shall bring our children good homes, good schools, good health. It is a big under-

taking seen on a national scale. But in terms of your community, your State, it is possible if you will work for it. If you are aware and determined, you and I and the groups to which we belong can make these next 10 years known with pride as the Children's Decade."

Katharine F. Lenroot
Chief, Children's Bureau

Cerebral-Palsied Child Needs Teamwork

Ours is a complex society, with greater tendency toward specialization. While doing our own particular job, some of us may lose sight of the contributions of other individuals and groups working toward the same ends. Sometimes it takes a complex problem to bring us closer together.

Cerebral palsy is this kind of problem. Within the past decade, as Dr. Wishik tells us in this issue of *The Child*, efforts to develop the coordinated care needed by cerebral-palsied children have helped to bring groups from varied fields and endeavors into concerted action. Public departments and voluntary agencies have established cerebral-palsy programs. Lay groups and professional organizations have pooled their efforts. Within the professions, educators, physicians, and allied health workers have worked shoulder to shoulder on cerebral-palsy services in

closer fashion than in almost any other phase of their cooperative activities.

Our objectives for the cerebral-palsied can be attained only through continuation of such concerted efforts, especially between public health and education. In research, as these efforts continue, medical and educational techniques will be developed side by side. In services, professional workers will complement one another. As part of the training of professional cerebral-palsy workers, they will learn together how to become members of a team.

Coordination of the work of health and educational personnel to help the cerebral-palsied necessarily depends on a solid framework of the broad services for children in both the health and the education fields. Primarily, that means strong local health departments, more specially trained personnel, comprehensive services for crippled children, and all-inclusive educational programs for exceptional children. With all of us working together for these common ends the immediate future holds promise for progress in our acquiring greater knowledge concerning cerebral palsy and in giving better service to the cerebral-palsied.

Edwin F. Daily
Director, Division of Health Services
Children's Bureau

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